



JURUPA UNIFIED SCHOOL DISTRICT
 Centralized Support Services- Records Office
 4850 Pedley Rd Riverside, CA 92509
 Phone #: (951) 360-4102 Fax #: (951) 360-4106
www.jusd.k12.ca.us

Records & Transcript Request Form

This form is used to request records/transcripts for students who last attended Jurupa Unified School District. Jurupa Unified School District is currently processing transcripts for Jurupa Valley High School from birth year 1972-1979 only. All other high school transcripts and JVHS birth year 1980 to present will be processed through the last high school of attendance. All records for students who have checked out of school and whose student cumulative records were not requested by the next school of attendance will be processed through the District's Records Office.

All records for students who are currently enrolled in JUSD will be processed at the school of attendance. All Special Education records are processed through Education Support Services (951) 360-4144. **Please note: We DO NOT have copies of diplomas.**

Students who are 18 years of age or older must request copies of their own records. We cannot release records to anyone other than the requestor unless a signed letter of authorization is provided, with a notarized copy of an approved government issued photo id. * If you have changed your name since attending our district, other than through marriage, please send a copy of the legal document showing both your old name and your new name. We cannot process your request without verification. Legal documents can include: Naturalization Certificate (front & back side), a statement from the Social Security Office confirming the use of both names, or a Court document stating the name change.

All records requests must be filled out in person or sent via mail or fax. Individuals calling to request student records will be asked to fill out the Records & Transcript Request Form and return it via mail or fax. All records requests will be processed within 5 business days after the completed request form is received. The District charges for records requests. The current fee is *1¢ per page* and *\$3.00 for transcripts*. There will be a *\$5.00 charge for same day transcript requests*. Same day requests **MUST** be received by 12pm Monday through Friday. Any requests received after 12pm will not be available until the next business day. All fees must be paid by cash or money order only. No exceptions will be made. Records held for pick up must be picked up within 2 weeks after date called. If records are not picked up after 2 weeks, a new request will be required and charges will apply. We **DO NOT** give refunds. If the cost of the fees will cause a financial hardship, please include a letter of explanation with the request form. Please Note: If fees are owed, we cannot release Official Transcripts until the fees are paid in full.

Name used while attending JUSD: _____
 First Middle Last

Current name* (if different than above): _____
 First Middle Last

Person Requesting Records (if different than above) _____
 First Middle Last

Birth Date: _____ Student ID # (if known): _____
 MM DD YYYY

Current Address: _____
 Address City State Zip Code

Home #: (_____) _____ Cell #: (_____) _____

Email Address: _____

Last JUSD School Attended: _____

Did you graduate? Yes, Graduated in _____ No, indicate last year attended _____

Indicate which records you are requesting (check all that apply):

- Elementary Records Middle School Records High School Records Immunization Records
 Unofficial HS Transcript (Personal Use) Official HS Transcript (Sealed Record - **DO NOT OPEN**) _____
 Other (pictures, certificates, etc)

Purpose of Request:

- Employment Education Personal Use Immigration Other _____

When records are ready: (please select one of the following). Please note: A notarized copy of a Government ID is required for all records that are to be emailed, sent by mail or faxed. NO EXCEPTIONS.

- Held for pick up**** **Faxed:** Attn to _____ (_____) _____ - _____
 Mailed to home address **Other: Please specify** _____
 Email

I certify, under penalty of perjury (PENAL CODE 126) under the laws of the State of California that the foregoing is true and correct.

Signature: _____ Date: _____

Parent/Guardian signature is required if student is under 18 years of age

**** Held for Pick Up Authorization**

Picked up on _____ at _____ am/pm
 Date Time
 by _____
 Authorized Persons Signature JUSD Staff Initials

FOR OFFICE USE ONLY

 Date Request Received Date Mailed/Faxed/Called
 Amount Paid Cash Money Order Receipt Number